



ISSUE S.I.P STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	J.L.	5931	3/2/98
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	D.J. M.P.	06485 69350	4-29-98 7-22-98

INDEX OF CLAIMS

- | | | | |
|---|----------------------------|---|--------------|
| ✓ | Rejected | N | Non-elected |
| = | Allowed | I | Interference |
| - | (Through numeral) Canceled | A | Appeal |
| + | Restricted | O | Objected |

Claim	Final	Original	Date
1	✓	✓	12/1/97
2	✓	✓	1/11/98
3	✓	✓	2/2/98
4	✓	✓	2/2/98
5	✓	✓	2/2/98
6	✓	✓	2/2/98
7	✓	✓	2/2/98
8	✓	✓	2/2/98
9	✓	✓	2/2/98
10	✓	✓	2/2/98
11	✓	✓	2/2/98
12	✓	✓	2/2/98
13	✓	✓	2/2/98
14	✓	✓	2/2/98
15	✓	✓	2/2/98
16	✓	✓	2/2/98
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18	✓	✓	2/2/98
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28	✓	✓	2/2/98
29	✓	✓	2/2/98
30	✓	✓	2/2/98
31	✓	✓	2/2/98
32	✓	✓	2/2/98
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47	✓	✓	2/2/98
48	✓	✓	2/2/98
49	✓	✓	2/2/98
50	✓	✓	2/2/98

Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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